

## QUALITY IMPROVEMENT/QUALITY MANAGEMENT (QI/QM) GUIDELINES

<b>REQUIREMENT 1</b> <b>Case Management Program (Written)</b> <b>Policies &amp; Procedures</b> <b>(P &amp; P's)</b>	
Indicators	Standards
1. Waiting list 2. Food, housing, transportation, and utilities 3. Client grievance 4. Enrollment/ Disenrollment, denial of services 5. Cost avoidance 6. Criteria for admission and services to clients in a residential facility 7. Retention and confidentiality of client records 8. Continuity of case management services during expected and unexpected absence of the case management staff 9. Tuberculosis screening requirements 10. Risk Assessment and Mitigation	<p>Projects must develop policies and procedures for all the required P &amp; P's listed in the indicator column. The P &amp; Ps must be reviewed and approved by the Department's assigned HPA.</p> <p>Once HPA approval has been obtained, the PD is required to:</p> <ol style="list-style-type: none"> <li>1. Notify and fax or send his/her assigned HPA any significant revisions made to the required P &amp; P's <i>within 30 calendar days</i> of the revision, for approval</li> <li>2. Annually review, and update if necessary, the required P &amp; P's.</li> </ol>

<b>REQUIREMENT 2</b> <b>Outreach Plan</b> Outreach to institutionalized population(s) and those disproportionately affected by HIV/AIDS either by incidence or mortality	
Indicators	Standards
The plan at a minimum contains: identification of target population(s), linkages with community resources and agencies for purposes of outreach and referrals; and a description of planned outreach activities, strategies, and materials.	<ol style="list-style-type: none"> <li>1. A brief concise summary addressing the minimum outreach elements should be kept on file at the project. The PD should:               <ol style="list-style-type: none"> <li>a. annually review the plan, and update it as necessary</li> <li>b. notify his/her assigned HPA of any significant changes made to the plan</li> </ol> </li> </ol>
Outreach activities	<ol style="list-style-type: none"> <li>2. Outreach activities target appropriate community and cultural groups.</li> <li>3. Evidence of Project outreach activities               <ol style="list-style-type: none"> <li>a. Description of outreach activities reported on PR</li> <li>b. Referrals and outreach with community resources, agencies and institutions.</li> <li>c. Literacy/language appropriate brochures or flyers targeting cultural groups and other at-risk populations are accessible to clients.</li> </ol> </li> </ol>
Client linguistic/cultural needs	<ol style="list-style-type: none"> <li>4. Project demonstrates attempts to meet linguistic/cultural needs of monolingual clients. (i.e. bilingual staff recruited, interpreter services available, written information in targeted cultural group language available at the project in client accessible areas.)</li> </ol>

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### REQUIREMENT 3 Client Medical Record Review

All items to be included in client record review conducted by QI/QM committee annually.  
(quarterly for indicators found to have a 75% or less compliance rating)

Committee may assign one or more of its members to conduct the review.

For each NCM and each SWCM, select records to review. Include any waiver client records that have exceeded the annual capitation rate in the annual review.

*A minimum of six client records per project site must be reviewed annually.*

Indicators	Standards
1. Initial Nursing and Psychosocial Assessment	1. 100% of records contain a NCM and SWCM initial assessment of all required components. NCM minimum initial assessment components listed in JACMP. SWCM initial assessment must be performed within 15 days of enrollment. NCM initial assessment must be performed on the date of or within 15 days prior to enrollment. Includes CFA, and for MCWP, NFLOC certification.
2. Initial contact with clients	2. 100% of records contain initial client contact by agency staff within 5 days of referral.
3. M.D./Primary Care Practitioner signed diagnosis certification	3. 100% of records contain MD/Primary Care Practitioner signed certification of client diagnosis, <i>within 45 days</i> of enrollment. For waiver clients, this document must be received prior to billing for services.
4. Client insurance/resource evaluation	4. 100% of records contain insurance eligibility and resource evaluation determined prior to enrollment and at least every 60 days. MCWP charts indicate verification of Medi-Cal status <i>prior</i> to enrollment and at the beginning of <i>each</i> month thereafter.
5. SWCM/NCM face-to-face reassessment every 60 days	5. 100% of records contain: <ol style="list-style-type: none"> <li>Documented <u>comprehensive</u> face-to-face reassessment at least every 60 days by NCM and SWCM.</li> <li>Problems identified and documented by the SWCM/NCM are followed up and attempts are made to link to appropriate interventions until resolution or documented client refusal for further intervention(s).</li> </ol>
6. Comprehensive Service Plan (CSP)/ IDT Case Conference	6. 100% of records contain: <ol style="list-style-type: none"> <li>A CSP individualized to reflect service provision consistent with NCM and SWCM documentation of client need.</li> <li>Documentation of client review and approval of CSP within 60 days of enrollment indicated by client signature on CSP <i>or</i> NCM/SWCM documentation of client approval in client record.</li> <li>Documentation of IDT case conference and identification of conference participants at least every 60 days.</li> <li>Documentation of SWCM and NCM CSP review at least every 60 days and documentation of service change(s) or continuation consistent with NCM/SWCM documentation of client needs.</li> </ol>
7. Facilitating access to medical care	7. 100% of records document case manager interventions to facilitate access to routine medical services, and specialty care when needed.
8. Cost avoidance	8. 100% of records contain documented evidence of cost avoidance activities prior to using CMP/MCWP funds for services.
9. Client informed consent	9. 100% of records contain client signed informed consent to participate on or within 15 days prior to the day of enrollment.
10. Client authorization for release of confidential information	10. 100% of records contain client signed authorization related to release of confidential information on or within 15 days prior to the day of enrollment.

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<b>REQUIREMENT 3</b> <b>Client Medical Record Review (Cont'd)</b>	
Indicators	Standards
11. Clients rights and responsibilities	11. 100% of records contain: <ul style="list-style-type: none"> <li>a. Client signed acknowledgement of receipt of client's rights and responsibilities dated on or within 15 days prior to the date of enrollment.</li> <li>b. Client signed acknowledgement of receipt of grievance policy and procedure dated on or within 15 days prior to the day of enrollment. Waiver clients receive information related to Notice of Action and rights for a State Fair Hearing.</li> </ul>
Grievance procedure	
12. Disenrollment criteria	12. 100% of records contain: <ul style="list-style-type: none"> <li>a. Client signed acknowledgement of receipt of disenrollment criteria on or within 15 days prior to the date of enrollment.</li> <li>b. Waiver client's receipt of NOA and right to State Fair Hearing as required in the Inpatient/Outpatient Medi-Cal Manual.</li> </ul>

<b>REQUIREMENT 4</b> <b>Quality Improvement/Quality Management (QI/QM) Plan</b>	
Indicators	Standards
1. QI/QM plan describes the project monitoring in terms of what, who, how, how often, and lists expected standards. <i>Minimum</i> required elements of the plan include: <ul style="list-style-type: none"> <li>a. Client record review</li> <li>b. Client satisfaction survey</li> <li>c. Grievance and disenrollment, monitoring</li> <li>d. Risk assessment and mitigation</li> </ul>	1. Written QI/ QM Plan includes all indicators and the plan is annually reviewed by PD, and revised if indicated as required by HPA. <ul style="list-style-type: none"> <li>a. Client record review conducted annually. See Client Medical Record Review section for a list of the required record review indicators.</li> <li>b. Client satisfaction survey conducted annually. All enrolled clients should be surveyed.</li> <li>c. All grievances and disenrollment monitoring conducted on an ongoing basis. Log(s) to be maintained that document the reason for disenrollment and or grievance, client and project actions (including information related to the timelines of the actions), and resolution</li> <li>d. All instances of abuse, neglect, or exploitation are appropriately reported. Risk assessment and mitigation is documented in assessments, reassessments, comprehensive service plan, and progress notes.</li> </ul>
2. QI/QM committee	2. Mandatory members are: The PD (who is the designated QI/QM coordinator), and representatives from the core case management team. Representation from both NCM and SWCM staff is required. PD may appoint a qualified staff member to act in his/her place but must have a policy/procedure depicting how QI/QM meeting activities, client survey and client record results, and how recommendations for corrective action(s) are communicated to PD for PD approval and oversight.
3. QI/QM meetings	3. QI/QM committee to meet quarterly at a minimum. Client record review results, client satisfaction survey, and findings related to disenrollment/grievances are analyzed for patterns or trends, appropriateness and timeliness of action(s). Committee recommends and develops corrective action plan(s) when appropriate. Summary of minutes of meetings must be kept on file at the project.
4. Corrective action	4. Corrective action plan(s) implemented for substandard indicators and identified problems. Plan(s) use a "systems" approach to address problems and issues. Committee follows up to assess efficacy of the action plan.
5. Semi-Annual Progress Report (PR)	5. Provide a summary of the results of QI/QM activities, recommendations, and corrective action(s) taken to be submitted with the PR. At a minimum, the summary should include annual report on indicators 1 a., 1 b., 1c.

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### REQUIREMENT 5 Provider Education

Indicators	Standards
Staff education is current: a. case management practices and issues e. HIV/AIDS issues	1. PD shall have on file for all core NCM and SWCM staff members at the project, evidence of NCM/SWCM attendance at a minimum of a) one (1) training annually related to current HIV/AIDS issues and trends <i>and</i> b) one (1) training on current case management practices and issues. A training that combines both case management and HIV/AIDS update is acceptable. NCM/SWCM attendance at the statewide Department conference meets this requirement. Case management practices/issues can include topics such as team building, client advocacy, cultural and ethnic diversity, etc.
2. Staff member credentials	2. PD has a system in place to provide oversight/monitor current status of NCM/SWCM and sub-contracted staff member credentials and qualifications

### REQUIREMENT 6 Coordination and Continuity of Care

Indicators	Standards
Coordination of service	1. There is evidence of coordination of services between the project and other community AIDS service organizations. Example may include referral system between Title II and or EIP and the CMP/MCWP, and other community service organizations.
Communication with other AIDS service organizations in the community	2. There is evidence of periodic communication between the project and other community AIDS service organizations. Examples may include: PD participation in Title II consortia meetings, meetings with the PD of the EIP, etc.

### REQUIREMENT 7 Monthly Data Submission

Indicators	Standards
1. Timely data	1. Monthly data reports are to be sent to the Department 30 days following the end of the reporting period per the contract.
2. Accurate data	2. Data sent to the Department with all required information, utilizing the required format.
3. Data in correct format community	